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Comments and Responses Regarding Draft Local Coverage Determination: Nonvascular Extremity Ultrasound

As an important part of Medicare Local Coverage Determination (LCD) development, National Government Services solicits comments from the provider community and from members of the public who may be affected by or interested in our LCDs. The purpose of the advice and comment process is to gain the expertise and experience of those commenting.

We would like to thank those who suggested changes to the **Nonvascular Extremity Ultrasound** LCD. The official notice period for the final LCD begins on April 15, 2009, and the final determination will become effective on July 1, 2009.

Comment:

A physician from the Indiana Carrier Advisory Committee (CAC) suggested to include the following ICD-9-CM codes:

729.5 – Other disorders of soft tissues, pain in limb;

782.2 – Symptoms involving skin and other integumentary tissue localized superficial swelling, mass, or lump.

There are times when the localized superficial code is more appropriately used.

Response:

The contractor agrees that these diagnoses are consistent with indications in the LCD and the suggested ICD-9-CM codes will be added.

Comment:

A podiatrist suggested adding the following to the “LIMITATIONS” section of the LCD:

Neuromas, plantar fasciitis, superficial ganglia, bursae and abscesses unless there is documented evidence of some clinical presentation that obscures the clinician's ability to establish these simple clinical diagnoses.

In the case of plantar fasciitis, diagnostic ultrasound is NOT to be used in making an initial determination (diagnosis) and then should ONLY be used after a failed course of conservative management. Even at that time, it is to be used only once.

Response:

The contractor agrees and will add the suggested language.

Comment:

A commenter suggested adding the following ICD-9-CM codes because ultrasound is useful for confirming the presence of an effusion in the shoulder, elbow, wrist, hand, hip, knee, ankle and foot.

719.01- Joint effusion, shoulder;

719.04- Joint effusion, hand.

Response:

The contractor agrees that these diagnoses are consistent with indications in the LCD and the suggested ICD-9-CM codes will be added.

Comment:

A commenter explained the "Indications" section states coverage includes: "1. To detect cysts, abscesses, tumors (including evaluation of size of tumors) and effusion; 2. To distinguish solid tumors from fluid-filled cysts; 3. To evaluate tendons (including tears, tendonitis and tenosynovitis), joints, plantar fascia, ligaments, soft tissue masses, ganglion cysts, intermetatarsal neuroma and stress fractures of the metatarsals; 4. To aid in the diagnosis of and surgical removal of foreign bodies ".

The following conditions have a wide range of pathology. The following ICD-9-CM codes should be included in the LCD as Medically Necessary:

727.01- Other disorders of synovium, tendon, and bursa, synovitis and tenosynovitis in diseases classified elsewhere;

727.02- Other disorders of synovium, tendon, and bursa, giant cell tumor of tendon sheath;

727.03- Other disorders of synovium, tendon, and bursa, trigger finger (acquired);

727.04- Other disorders of synovium, tendon, and bursa, radial styloid tenosynovitis;

727.05- Other disorders of synovium, tendon, and bursa, other tenosynovitis of hand/wrist;

727.06- Other disorders of synovium, tendon, and bursa, tenosynovitis of foot/ankle;

727.09- Other disorders of synovium, tendon, and bursa, other Synovitis/tenosynovitis;

727.2- Other disorders of synovium, tendon, and bursa, specific bursitis often of occupational origin (i.e. elbow, hand, knee; chronic crepitant synovitis of wrist; miners' elbow, knee);

727.3- Other disorders of synovium, tendon, and bursa, other bursitis;

727.40- Other disorders of synovium, tendon, and bursa, synovial cyst, unspecified;

727.41- Other disorders of synovium, tendon, and bursa, ganglion of joint;

727.49- Other disorders of synovium, tendon, and bursa, other (includes cyst of bursa);
727.59- Other disorders of synovium, tendon, and bursa, other rupture of synovium (would include any site other than popliteal);
727.61- Other disorders of synovium, tendon, and bursa, complete nontraumatic rupture of rotator cuff;
727.62- Other disorders of synovium, tendon, and bursa, nontraumatic rupture of biceps (long head);
727.63- Other disorders of synovium, tendon, and bursa, nontraumatic rupture of extensor tendons of hand/wrist;
727.64- Other disorders of synovium, tendon, and bursa, nontraumatic rupture of extensor tendons of hand/wrist;
727.65- Other disorders of synovium, tendon, and bursa, nontraumatic rupture of quadriceps tendon;
727.66- Other disorders of synovium, tendon, and bursa, nontraumatic rupture of patellar tendon;
727.67- Other disorders of synovium, tendon, and bursa, nontraumatic rupture of achilles tendon;
727.68- Other disorders of synovium, tendon, and bursa, nontraumatic rupture of other tendons of foot/ankle;
727.69- Other disorders of synovium, tendon, and bursa, nontraumatic rupture of other tendons (would include any upper/lower extremity tendons not listed above);
727.82- Other disorders of synovium, tendon, and bursa, calcium Deposits in tendon/bursa (includes Calcific Tendinitis NOS);
727.89- Other disorders of synovium, tendon, and bursa, other specified disorder of synovium, tendon and bursa (includes abscess of bursa or tendon);
728.79- Other fibromatoses (includes Garrod's or knuckle pads, nodular fasciitis, pseudosarcomatous fibromatosis);
728.82- Disorders of muscle, ligament, and fascia, foreign body granuloma of muscle;
728.86- Disorders of muscle, ligament, and fascia, necrotizing fasciitis;
728.89- Disorders of muscle, ligament, and fascia, other disorder of muscle, ligament and fascia (includes eosinophilic fasciitis).

Response:

The contractor agrees that these diagnoses are consistent with indications in the LCD and the suggested ICD-9-CM codes will be added.

Comment:

A commenter explained that when evaluating for the conditions listed in the indication section of the policy, sometimes results are negative, so only the symptom can be coded (usually pain). The commenter requested the following ICD-9-CM codes added to the LCD:

729.5- Other disorders of soft tissues, pain in limb;
719.4x (719.40-719.49)- Other and unspecified disorders of joint, pain in joint.

Response:

The contractor agrees that these diagnoses are consistent with indications in the LCD and the suggested ICD-9-CM codes will be added.

Comment:

A commenter explained since the entire range of codes for upper/lower extremity NEC neoplasm included in the LCD, the following ICD-9-CM codes should be added in order to code as specifically as possible:

171.2- Malignant neoplasm of connective and other soft tissue of upper extremity, including shoulder;
171.3- Malignant neoplasm of connective and other soft tissue of lower extremity, including hip;
215.2- Other benign neoplasm of connective and other soft tissue, upper extremity, including shoulder;
215.3- Other benign neoplasm of connective and other soft tissue, lower extremity, including hip;
238.1- Neoplasm of uncertain behavior or other and unspecified sites and tissues, Connective and other soft tissue;
239.2- Neoplasms of uncertain nature, bone, soft tissue and skin.

Response:

The contractor agrees that these diagnoses are consistent with indications in the LCD and the suggested ICD-9-CM codes will be added.

Comment:

A commenter stated, in addition to ankle and unspecified enthesopathy, US is useful for many types of tendon and ligament pathologies at the enthuses. Consider adding the following ICD-9-CM codes:

726.10- Rotator cuff syndrome of shoulder and allied disorders, disorder of bursae/tendons in shoulder region NOS;
726.11- Rotator cuff syndrome of shoulder and allied disorders, calcifying tendinitis of shoulder;
726.12- Rotator cuff syndrome of shoulder and allied disorders, bicipital tenosynovitis;
726.19- Rotator cuff syndrome of shoulder and allied disorders, other specified disorders;
726.31- Enthesopathy of elbow region, medial epicondylitis;
726.32- Enthesopathy of elbow region, lateral epicondylitis;
726.33- Enthesopathy of elbow region, olecranon bursitis;
726.39- Enthesopathy of elbow region, other;
726.4- Enthesopathy of wrist and carpus;
726.5- Enthesopathy of hip region;
726.61- Enthesopathy of knee, pes anserinus tendinitis or bursitis;
726.62- Enthesopathy of knee, tibial collateral ligament bursitis;
726.63- Enthesopathy of knee, fibular collateral ligament bursitis;
726.64- Enthesopathy of knee, patellar tendonitis;
726.65- Enthesopathy of knee, prepatellar bursitis;
726.69- Enthesopathy of knee, other.

Response:

The contractor agrees that these diagnoses are consistent with indications in the LCD and the suggested ICD-9-CM codes will be added.

Comment:

A commenter stated because the LCD supports the indication to evaluate tendons, ligaments and joints the following ICD-9-CM codes are request to be added to the LCD;

840.3- Sprains and strains of shoulder and upper arm, infraspinatus (muscle) (tendon);
840.4- Sprains and strains of shoulder and upper arm, rotator cuff (capsule);
840.6- Sprains and strains of shoulder and upper arm, supraspinatus (muscle) (tendon);
840.8- Sprains and strains of shoulder and upper arm, other specified sites of shoulder and upper arm;
840.9- Sprains and strains of shoulder and upper arm, unspecified site of shoulder and arm;
841.0- Sprains and strains of elbow and forearm, radial collateral ligament;
841.1- Sprains and strains of elbow and forearm, ulnar collateral ligament;
841.8- Sprains and strains of elbow and forearm, other specified sites of elbow/forearm;
841.9- Sprains and strains of elbow and forearm, unspecified site of elbow/forearm;
842.00- Sprains and strains of wrist, unspecified site;
842.01- Sprains and strains of wrist, carpal joint;
842.02- Sprains and strains of wrist, radiocarpal joint/ligament;
842.09- Sprains and strains of wrist, other;
842.10- Sprains and strains of hand, unspecified site;
842.11- Sprains and strains of hand, carpometacarpal joint;
842.12- Sprains and strains of hand, metacarpophalangeal joint;
842.13- Sprains and strains of hand, interphalangeal joint;
842.19- Sprains and strains of hand, other;
843.8- Sprains and strains of hip and thigh, other specified hip/thigh site;
843.9- Sprains and strains of hip and thigh, unspecified site of hip and thigh;
844.0- Sprains and strains of knee and leg, lateral collateral ligament of knee;
844.1- Sprains and strains of knee and leg, medial collateral ligament of knee;
844.3- Sprains and strains of knee and leg, tibiofibular joint and ligament, superior;
844.8- Sprains and strains of knee and leg, other specified site of knee and leg;
844.9- Sprains and strains of knee and leg, unspecified site of knee and leg;
845.00- Sprains and strains of ankle, unspecified site;
845.01- Sprains and strains of ankle, deltoid ligament;
845.02- Sprains and strains of ankle, calcaneofibular ligament;
845.03- Sprains and strains of ankle, tibiofibular ligament, distal;
845.10- Sprains and strains of foot, unspecified site;
845.11- Sprains and strains of foot, tarsometatarsal joint/ligament;
845.13- Sprains and strains of foot, interphalangeal joint, toe;
845.19- Sprains and strains of foot, other specified site.

Response:

The contractor agrees that these diagnoses are consistent with indications in the LCD and the suggested ICD-9-CM codes will be added.

Comment:

A commenter asked to add the following ICD-9-CM codes for exams evaluating for foreign bodies:

880.00- Open wound of shoulder and upper arm, without mention of complication, shoulder region;
880.10- Open wound of shoulder and upper arm, complicated, shoulder region;
880.20- Open wound of shoulder and upper arm, with tendon involvement, shoulder region;
880.01- Open wound of shoulder and upper arm, without mention of complication, scapular region;
880.11- Open wound of shoulder and upper arm, complicated, scapular region;
880.21- Open wound of shoulder and upper arm, with tendon involvement, scapular region;
880.02- Open wound of shoulder and upper arm, without mention of complication, axillary region;
880.12- Open wound of shoulder and upper arm, complicated, axillary region;
880.22- Open wound of shoulder and upper arm, with tendon involvement, axillary region;
880.03- Open wound of shoulder and upper arm, without mention of complication, upper arm;
880.13- Open wound of shoulder and upper arm, complicated, upper arm;
880.23- Open wound of shoulder and upper arm, with tendon involvement, upper arm;
880.09- Open wound of shoulder and upper arm, without mention of complication, multiple sites;
880.19- Open wound of shoulder and upper arm, complicated, multiple sites;
880.29- Open wound of shoulder and upper arm, with tendon involvement, multiple sites;
881.00- Open wound of elbow, forearm, and wrist, without mention of complication, forearm;
881.10- Open wound of elbow, forearm, and wrist, complicated, forearm;
881.20- Open wound of elbow, forearm, and wrist, with tendon involvement, forearm;
881.01- Open wound of elbow, forearm, and wrist, without mention of complication, elbow;
881.11- Open wound of elbow, forearm, and wrist, complicated, elbow;
881.21- Open wound of elbow, forearm, and wrist, with tendon involvement, elbow;
881.02- Open wound of elbow, forearm, and wrist, without mention of complication, wrist;
881.12- Open wound of elbow, forearm, and wrist, complicated, wrist;
881.22- Open wound of elbow, forearm, and wrist, with tendon involvement, wrist;
882.0- Open wound of hand except finger(s) alone, without mention of complication;
882.1- Open wound of hand except finger(s) alone; complicated;
882.2- Open wound of hand except finger(s) alone; with tendon involvement;
883.0- Open wound of finger, without mention of complication;
883.1- Open wound of finger, complicated;
883.2- Open wound of finger, with tendon involvement;
884.0- Multiple and unspecified open wound of upper limb, without mention of complication;
884.1- Multiple and unspecified open wound of upper limb, complicated;
884.2- Multiple and unspecified open wound of upper limb, with tendon involvement;
890.0- Open wound of hip and thigh, without mention of complication;
890.1- Open wound of hip and thigh, complicated;
890.2- Open wound of hip and thigh, with tendon involvement;
891.0- Open wound of knee, leg (except thigh), and ankle, without mention of complication;
891.1- Open wound of knee, leg (except thigh), and ankle, complicated;

891.2- Open wound of knee, leg (except thigh), and ankle, with tendon involvement;
892.0- Open wound of foot except toe(s) alone, without mention of complication;
892.1- Open wound of foot except toe(s) alone, complicated;
892.2- Open wound of foot except toe(s) alone, with tendon involvement;
893.0- Open wound of toe, without mention of complication;
893.1- Open wound of toe, complicated;
893.2- Open wound of toe, with tendon involvement;
894.0- Open wound multiple and unspecified sites of lower limb;
894.1- Open wound multiple and unspecified sites of lower limb, complicated;
894.2- Open wound multiple and unspecified sites of lower limb, with tendon involvement.

Response:

Ultrasound is not considered indicated in open wounds for the evaluation of potential foreign bodies. The open wounds ICD-9-CM codes will not be added at this time but if clinical evidence is presented to support this use, the contractor will review and may reconsider.

No additional comments were received during the January 8 through February 21, 2009 comment period. The official notice period for the final policy begins on April 15, 2009. The policy will become effective on July 1, 2009.